



CAMPAIGN FINANCIAL DISCLOSURE REPORT

SUMMARY PAGE
(Please Print or Type)

Section I

Name of Candidate or Political Committee and Chairperson Jilene Burger		Office Sought (if candidate) City Council Seat 4	Seat (if any) 4
Mailing Address 753 Homer Ave.	City and Zip Id. Falls 83401	Home Phone 523-1364	Work Phone
Name of Political Treasurer C. Jack Smith			
Mailing Address 558 Montcliff	City and Zip Id. Falls 83401	Home Phone 522-4717	Work Phone

Change of address for: Candidate or Political Committee Political Treasurer

Section II

TYPE OF REPORT

This filing is an: Original Amendment

This report is for the period from 9/6/13 through 9/30/13.

- October 10 Pre-General Report 7 Day Pre-General Report 30 Day Post-General Report
 Annual Report

Is this a Termination Report: Yes No

Section III

STATEMENT OF NO CONTRIBUTIONS OR EXPENDITURES

Directions: If you had no contributions or expenditures during this reporting period, check the box next to the statement below and sign this report. Be sure to carry forward the appropriate "Calendar Year to Date" figures in Column II, Section IV.

I hereby certify that I have received no contributions and have made no expenditures during this reporting period.

Section IV

SUMMARY

To reach your Calendar Year to Date figure: Add this report's Column I figures to the Column II figures of your previous report (except on line 6).

	COLUMN I This Period	COLUMN II Calendar Year to Date
Line 1: Cash on Hand January 1, This Calendar Year*	\$ XXXXXX	\$ _____
Line 2: Enter Beginning Cash Balance**	\$ 0	\$ XXXXXX
Line 3: Total Contributions (Enter amount from line 5, page 2)	\$ 100.00	\$ 100.00
Line 4: Subtotal (Add lines 1, 2 and 3)	\$ 100.00	\$ 100.00
Line 5: Total Expenditures (Enter amount from line 11, page 2)	\$ 0	\$ 0
Line 6: Enter Ending Cash Balance (Subtract line 5 from line 4)	\$ 100.00	\$ 100.00
Line 7: Outstanding Debt to Date (Enter amount from line 18, page 2)	\$ 0	

*This same figure should be entered on line 1 of all reports filed this calendar year.

**This is the figure on line 6 of the last Campaign Financial Disclosure Report filed. If this is your first report, this amount is 0.

Note: The closing cash balance for the current reporting period appears on the next report as the beginning cash on hand.

Return This Report To:

Section V

Rosemarie Anderson
City Clerk
City of Idaho Falls
PO Box 50220
Idaho Falls ID 83405
(208) 612-8414
Fax: (208) 612-8560
rmanderson@idahofallsidaho.gov

I, C. Jack Smith, hereby certify that the information in this report is a true, complete and correct Campaign Financial Disclosure Report as required by law.

C. Jack Smith
Signature of Political Treasurer

DETAILED SUMMARY

Name of Candidate or Committee:

		Total This Period
Contributions		
①	Unitemized Contributions (\$50 and less) # of Contributors _____	+ \$
②	Itemized Contributions (Total of all Schedule A sheets)	+ \$ 100.00
③	In-Kind Contributions (Total of all Contribution amounts from Schedule C sheets)	+ \$
④	Loans (Total of all New Loan amounts from Schedule D sheets)	+ \$
⑤	Total Contributions (Transfer this figure to page 1, Section IV, Line 3)	= \$ 100.00

Expenditures		
⑥	Unitemized Expenditures (\$25 and less) # of Expenditures _____	+ \$
⑦	Itemized Expenditures (Total of all Schedule B sheets)	+ \$
⑧	In-Kind Expenditures (Total of all Expenditure amounts from Schedule C sheets)	+ \$
⑨	Loan Repayments (Total of all Loan Repayment amounts from Schedule D sheets)	+ \$
⑩	Credit Card and Debt Repayments (Total of all Repayment amounts from Schedule E sheets)	+ \$
⑪	Total Expenditures (Transfer this figure to page 1, Section IV, Line 5)	= \$

Loans, Credit Cards and Debt		
⑫	Outstanding Balance from previous reporting period	+ \$
⑬	New Loans received during this reporting period (Total of all New Loan amounts plus Accrued Interest from Schedule D sheets)	+ \$
⑭	New Credit Card and Debt incurred this reporting period (Total of all New Incurred Debt amounts from Schedule E sheets)	+ \$
⑮	Subtotal	= \$
⑯	Repayments of Loans made during this reporting period (Total of all Loan Repayment amounts from Schedule D sheets)	- \$
⑰	Repayments of Credit Card and Debt this reporting period (Total of all Debt Repayment amounts from Schedule E sheets)	- \$
⑱	Total Outstanding Balance at close of this period (Transfer this figure to page 1, Section IV, Line 7)	= \$

Pledged Contributions		
⑲	Unitemized Pledged Contributions (\$50 and less) # of Pledges _____	+ \$
⑳	Itemized Pledged Contributions this Period (Total of all Schedule F sheets)	+ \$
㉑	Total Pledged Contributions this period	= \$

SCHEDULE A
 ITEMIZED CONTRIBUTIONS
 of more than Fifty Dollars (\$50.00) this period

Name of Candidate or Committee:

Date Received	Full Name, Mailing Address and Zip Code of Contributor	Cash or Check
9, 6, 13	1. Jilene Burger 753 Homer Ave. Id. Falls, ID 83401	\$ 100.00
		\$ 100.00 Calendar Year-To-Date
/ /	2.	\$ _____
		\$ _____ Calendar Year-To-Date
/ /	3.	\$ _____
		\$ _____ Calendar Year-To-Date
/ /	4.	\$ _____
		\$ _____ Calendar Year-To-Date
/ /	5.	\$ _____
		\$ _____ Calendar Year-To-Date
/ /	6.	\$ _____
		\$ _____ Calendar Year-To-Date
/ /	7.	\$ _____
		\$ _____ Calendar Year-To-Date
/ /	8.	\$ _____
		\$ _____ Calendar Year-To-Date
/ /	9.	\$ _____
		\$ _____ Calendar Year-To-Date
/ /	10.	\$ _____
		\$ _____ Calendar Year-To-Date
Total This Page:		\$ 100.00

Transfer the combined total of all Schedule A pages to the Detailed Summary on page 2 line 2.



**APPOINTMENT AND CERTIFICATION OF POLITICAL TREASURER
FOR CANDIDATES AND COMMITTEES**
(Please Print or Type)

C-1
Rev. 08/07

Pursuant to Section 67-6603(c1), Idaho Code. No contribution shall be received or expenditure made by or on behalf of a candidate or political committee until he or she appoints a political treasurer and certifies the name and address of the treasurer to the Secretary of State.

Certification is for (check appropriate box below):

CANDIDATE:

Name of Candidate:	<i>Jilene Burger</i>		
Home Phone:	<i>(208) 523-1364</i>	Work Phone:	
		Cell Phone:	<i>(208) 521-7755</i>
Office Sought:	<i>City Council Seat 4</i>	Seat (if applicable):	
Candidate Mailing address:	<i>753 Homer Ave. Id. Falls, ID 83401</i>		
Candidate email address:	<i>queenjilene@hotmail.com</i>		

COMMITTEE:

Name of Committee:			
Name of Committee Chairman:			
Miscellaneous:	<input type="checkbox"/>	Home Phone:	Work Phone:
			Cell Phone:
Measure:	<input type="checkbox"/>	Committee Mailing address:	
Candidate/Measure:	<input type="checkbox"/>	Chairman email address:	

CERTIFICATION AND APPOINTMENT

I, _____, do hereby certify and appoint the following individual who is a registered elector of the State of Idaho as the political treasurer for the above named candidate or committee:

Name of Political Treasurer:	<i>C. Jack Smith</i>		
Home Phone:	<i>208 522-4717</i>	Work Phone:	
		Cell Phone:	
Treasurer Mailing address:	<i>558 Montcliffe Dr.</i>		
Treasurer email address:			

RETURN THIS FORM TO:
Rosemarie Anderson
City Clerk
City of Idaho Falls
PO Box 50220
Idaho Falls ID 83405
(208) 612-8414
Fax: (208) 612-8560
rmanderson@idahofallsidaho.gov

Jilene Burger

Signature of Candidate or Committee Chairman

I, *C. Jack Smith*, do hereby accept the appointment as political treasurer for the above named candidate or committee.
Name of Political Treasurer

C. Jack Smith

Signature of Political Treasurer